

ONGOING TRAINING AND EVALUATION PROGRAM APPLICATION

Training Agency: _____ Agency License Number: _____

Mailing Address _____
Street Address City/Zip

OTEP Coordinator _____

Number of Participants _____

Indicate the training levels included in the OTEP (Check boxes that apply):

FR EMT IV AIR IV/AIR ILS ILS/AIR PM
(BLS) (INTERMEDIATE) (ALS)

Number of DOH approved EMS Skills Evaluators: _____ (Attach list of names and EMS Registry #s)

Below, provide a brief description of your OTEP program. On additional sheets, attach your OTEP plan and a three-year schedule providing educational topics, time allotted, instructor and date.

If more than one EMS agency will be participating in this OTEP, provide the Agency License Number, Agency Name and all certification levels participating in the OTEP, for each agency involved.

OTEP applications should be renewed whenever significant changes are made. Sign the application and obtain required signatures, then submit to the address below.

OTEP Coordinator/Agency Head (Print/Type)

Signature

Date

APPROVAL SIGNATURES

County MPD or Designee (Print/Type)

Signature

Date

Obtain required signatures and submit to:

DOH - Office of EMS & Trauma System
EMS Education, Training & Regional Support Section
P.O. Box 47853
Olympia, Washington 98504-7853

DOH/OEMSTS ETRS Section (Print/Type)

Signature

Date